

PART B - FEE(S) TRANSMITTAL

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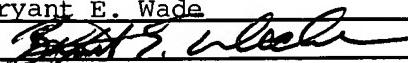
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Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the ~~MAIL STOP ISSUE FEE~~ address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Bryant E. Wade	(Depositor's name)
	(Signature)
January 2, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/807,920	03/24/2004	Osamu Shinkawa	9319A-000742	4025

TITLE OF INVENTION: DROPLET EJECTION APPARATUS AND METHOD OF DETECTING EJECTION FAILURE IN DROPLET EJECTION HEADS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/14/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
GOLDBERG, BRIAN J	2861	347-019000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list					
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	01 FC:1501	1440.00 DA			
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		03 FC:1509	15.00 DA			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Seiko Epson Corporation

JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 5

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

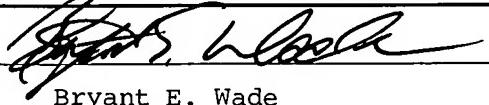
- A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3213 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date January 2, 2008

Typed or printed name

Bryant E. Wade

Registration No. 40,344

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